

## 1st Quarter 2002

January 1, 2002 - March 31, 2002 (Delinquent and Penalty due if received after April 30, 2002)

(Please submit a separate form for each company.)

Company Name and Address:		Parent Company or Group	Name and Address:
NAIC # FEIN #	ı	NAIC#	FEIN#
If there has been a name or ownersh 24 months please indicate previous			
Date this form will be sent:		NAIC#	FEIN#
THE DATE ABOVE MUST BE ENTI	ERED IN ORDER FOR AMO	UNTS TO CALCULATE CORF	RECTLY.
<ol> <li>New or renewed gross premiums</li> </ol>	-		\$
Returned or refunded premiums f	or policies with 2002 inception		- \$
		Net Premium	= \$
a. Multiply by 2002 Surcharge Assessment (2.5%)			=
New, renewal or additional gross	premiums for policies with 20	001 inception dates	\$
Returned or refunded premiums f	or policies with 2001 inception	on dates	- \$
		Net Premium	= \$
b. Multiply by 2001 Surcharge As	ssessment (2.5%)		=
Additional gross premiums collect	ted for policies with 2000 and	f prior inception dates	\$
Returned or refunded premiums f	or policies with 2000 and price	or inception dates	- \$
		Net Premium	= \$
c. Multiply by 2000 Surcharge As	sessment (3.0%)		=
2. Total lines 1a, b, & c = Total M	issouri Second Injury Fund	l Surcharge Due:	
3. If received by the Division after	April 30, 2002, the paymer	nt is delinquent. Continue con	npleting this form.
a. Enter amount shown in Item 2		•	\$
b. Late penalty, which is the Sur	charge Assessment Subto	tal x 0.5%	+ \$
c. Interest, which is the Surchar	-		
	(number of months or any t	fraction of a month delinquent)	+ \$
4. Add lines 3a, b, & c = <b>Total Miss</b>	ouri Second Injury Fund S	urcharge w/ Penalty & Interes	t Due:
Name of person completing form I hereby certify that this application conta	E-mail Addres		
the best of my knowledge and belief.			
Signature - Pres./Exec. Officer	Printed Name	Title	Date

Mail one copy of this form and a check made payable to:
Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898

(Mail this copy even if no money is due at this time.)

Mail one copy of this form and a copy of your check to:

Missouri Division of Workers' Compensation, Attn: Second Injury Fund, P.O. Box 58, Jefferson City, MO 65102-0058

(Mail this copy even if no money is due at this time.)